Total Wages Deferred Comp

48,200.00

48,200.00

W-2 Wages

34,391.57

34,391.57

FORM W-2 Wage and Tax Statement

All four copies of your W-2 are on this page, separated by

perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for

these forms, including an explanation of the letter codes used in box 12, are printed on the reverse side of this

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

pt. of the Treasury • Internal Revenue Service

Other Pretax

13,808.43

13,808.43

This information is be. furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

0.00

0.00

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

Federal

Soc. Sec. Box 3

Box 1

To the right is information which shows your total wages by						5	48,200.00		0.00	13,808	8.43	34,391.5	
W-2 box and the amount of any deferred compensation and /or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.						e 16	48,200.00		0.00	13,800	8.43	34,391.5	
	• .				Loca: Box								
	A. Employee's social security number					1 Wages, tips, other compensation			T 2				
114-46-7754			ОМЕ	3 No.1545-0008	•			4,391.57	2 Federal in	icome tax wi	ithheld	3,746.66	
B. Employer identification number D. Control number 20 - 2140213 9 10					3 Social security wages				4 Social sec	curity tax wif	Ihheld	3,740.00	
C Employer's name address and 712 and					34,391.57				2,132.28				
Alure Sunrooms LLC						5 Medicare wages and tips 34,391.57				6 Medicare tax withheld			
1 Commercial Court Plainview, NY 11803						7 Social security tips				8 Allocated tips			
ĺ					9 Advan	ice EIC payn	nent		10 Depende	nt care bend	efits		
	loyee's name, address, and ZIP code			·	11 Nong	ualified plan	s		12 and See	instructions.	for how 12		
STEVEN SOLOVAY 37 SPRING MEADOW DRIVE										12 a-d. See instructions for box 12			
KINGS PARK, NY 11754						14 Olher							
					NY D	I		31.20					
									1 1	ployee	Retirement "	Third-pad sick pay	
15 State	. ,	16 State wages, tips		17 State income tax	:	18 Local	wages, tips, elc.	19 Loca	l income tax		20 Locality name		
	202140213	34,.	391.57	1,	279.24						, .	-	
	A. Employee's social secur	4						FOLD AND	TEAR ALONG	3 PERFOR	RATION		
	114-46-7754	ny nomber	ОМВ	No.1545-0008	1 Wages	, lips, other o	compensation		2 Federal inc	ome tax wit			
B. Employer identification number D. Control number					34,391.57				3,746.66 4 Social security tax withheld				
20-2140213 9 10					34,391.57				2,132.28				
C. Employer's name, address, and ZIP code B725D 41 11570 Alure Sunrooms LLC						5 Medicare wages and tips			6 Medicare tax withheld				
1 Commercial Court						security typs		,391.57				498.68	
FIGL	nview, NY 11803				l County	rocurry ups			8 Allocated tip	ps ps			
						9 Advance EIC payment				10 Dependent care benefits			
E. Emplo	yee's name, address, and ZIP code				11 Noonu	nlificat alass							
STEVEN SOLOVAY						11 Nonqualified plans				12 a-d. See instructions for box 12			
37 SPRING MEADOW DRIVE KINGS PARK, NY 11754					14 Olher								
					NY DI	•		31.20					
					l				13 Statu empk		Retirement	Third-party	
15 State	1 .,	16 State wages, tips,	etc.	17 State income tax	1	18 Local w	ages, tips, etc.	19 Local	income tax		Locality name	sick pay	
Copy 2 3	202140213 To be filed with Employee's STATE,	34,3	91.57	·	79.24					1 -			
Form	W-2 Wage And Tax	r Statement		2009					Department of t	the Treasury	/ - Internal Revo	enue Service	
								FOLD AND	TEAR ALONG	PERFOR	ATION		
	A. Employee's social securil	y number	OMBA	No.1545-0008	1 Wages,	tips, other co	mpensation		2 Federal inco				
		D. Control numb	. Control number			34,391.57 3 Social security wages			3,746.66				
20-2140213 9 10						34,391			4 Social security tax withheld				
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F Employage name address and 710 and													
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37 SPRING MEADOW DRIVE KINGS PARK, NY 11754						14 Other							
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15 State	Employer's state ID number	16 State wages tins a	ılc.	17 State income to-	· 1	10 (000)	an tine	1 401	employ		plan	_sick pay	
NY	202140213	34,39			79.24	18 Local wages, tips, etc.		19 Local in	icome tax	20 1	Locality name		
Copy 2 To		ITY or LOCAL tax return		17 State income tax 1, 27 2 0 0 9		18 Local wa	ges, tips, etc.	19 Local in	employ	20 t	plan Locality name		